



Safeguarding Children and Young People Policy

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Stephanie Nightingale, Designated Nurse for Safeguarding Children	Staffordshire and Stoke-on-Trent Integrated Care System Health Safeguarding Forum	February 2024

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1	New	2013	
2	Includes all 6 CCGs Updated to reflect best Practice	Feb 2019	Stephanie Lowe
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4	Updated to reflect new organisation ICB	22.06.2022	Stephanie Nightingale
5	Updated to new legislation; inclusion of online abuse, child exploitation and county lines; updated ICB organisational structure.	07.02.2023	Stephanie Nightingale
6	Changes to reflect updated statutory guidance, Working Together to Safeguard Children 2023	03.01.2024	Stephanie Nightingale

Impact Assessments – available on request Impact Assessments – available on request



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SUMMARY

This document defines the Safeguarding Children Policy for Staffordshire and Stoke-on-Trent Integrated Care Board (ICB).

- This policy applies to all staff working within the ICB, volunteers and students.
- The Chief Nurse and Therapies Officer is accountable for the safeguarding children aspects of the ICB role and the Designated Nurses for Safeguarding Children are the Leads.
- This policy illustrates the requirements and compliance with legislative duties to safeguard children, in particular the Children Act 1989 / 2004.
- Safeguarding is the early identification of children and young people who are vulnerable and at risk or potential risk of significant harm. This includes unborn children. Vulnerable groups include those with disabilities, subject to domestic abuse, subject to all forms of exploitation, parental mental ill health, substance misuse, missing children and those seeking asylum.
- Categories of abuse include physical, emotional, sexual abuse and neglect.
- Staff are responsible for escalating concerns to the Designated Nurses and / or make a child protection or early help referral to Staffordshire Children’s Advice and Support Service (SCAS) or the Stoke-on-Trent Children’s Advice and Duty Service (CHAD).



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1.0 Introduction

- 1.1 This document defines the Safeguarding Children Policy for Staffordshire and Stoke-on-Trent ICB.
- 1.2 This policy illustrates the requirements and compliance with legislative duties to safeguard children. It is applicable to all ICB staff (All provider health and Primary Care organisations should have their own policies for safeguarding children in accordance with their own statutory responsibilities).
- 1.3 Safeguarding is ensuring that everyone, irrespective of age, is treated with dignity and respect and does not suffer abuse. This includes unborn children. This is particularly important for those who are unable to protect themselves from harm and abuse, possibly because of their age or a disability.
- 1.4 This document should be read in conjunction with national and local guidance including:
- Working Together to Safeguard Children, HM Government (2023).
 - Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.
 - Staffordshire Safeguarding Children Board (SSCB) and Stoke-on-Trent Safeguarding Children Partnership (SSCP) Inter Agency Child Protection Procedures for Safeguarding Children.
 - The organisation's policy: Allegations that an ICB employee may be harming a child/young person: *Managing Safeguarding Allegations Against Staff Policy*.
 - The organisation's policy: *Safeguarding Children Supervision Policy*.
 - Safeguarding children and young people: roles and competencies for health care staff: Intercollegiate Document (2019): *Safeguarding Training Policy*.
 - NICE Clinical Guideline (CG89) When to Suspect Child Maltreatment (2009).
 - Promoting the Health and Wellbeing of Looked after Children (2015).
 - The Protection of Children in England: A Progress Report. Lord Laming (2009).

Relevant Legislation;

- The Children Acts (1989 and 2004).
 - The Children and Social Work Act (2017).
 - The Children and Families Act (2014), Children and young people with special educational needs or a disability.
 - Sexual Offences Act (2003).
 - Domestic Abuse Act (2021).
 - United Nations Convention on the Rights of the Child (ratified by UK in 1991).
 - Health and Care Act (2022).
- 1.5 This policy outlines responsibilities for safeguarding children in keeping with statutory guidance at both strategic and operational level supporting the ethos that '*Safeguarding Children is Everybody's Business*'.



- 1.6 This policy illustrates the 'Think Family' holistic approach to safeguarding.
- 1.7 The ICB are aware that any revised guidance will require this policy document to be reviewed and, where necessary revised, following the formal publication of any such guidance.
- 1.8 The Chief Nurse and Therapies Officer is accountable for the safeguarding children aspects of the ICB role, for overseeing the work of the Designated Professionals and representing the ICB on the Local Safeguarding Children Boards and Partnerships.

2.0 Scope of the Policy

- 2.1 This policy applies to all staff working within the ICB, volunteers and students.
- 2.2 All employees of the ICB have an individual responsibility for the protection and safeguarding of children and young people. This is outlined in all job descriptions.
- 2.3 All managers must ensure their staff are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.
- 2.4 Equality, diversity and inclusion are important to the ICB and is given due regard throughout this policy. The ICB are committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:
 - Race, religion, first language or ethnicity
 - Gender or sexuality
 - Age
 - Health status or disability
 - Political or immigration status

3.0 Policy Statement

- 3.1 The ICB will fulfil their statutory duties relating to the safety and welfare of children through the demonstration of:
 - Compliance with all statutory guidance on safeguarding children including the Children Act 2004 section 11.
 - Active partnership and co-operation with Staffordshire Safeguarding Children Board (SSCB) and Stoke-on-Trent Safeguarding Children Partnership (SSCP) or equivalents.
- 3.2 Ensuring that children and young people are valued and their safety and welfare is considered at all stages of commissioning and provision of service, including contracting arrangements and performance management frameworks. This will be best achieved through partnership processes across the Staffordshire and Stoke-On-Trent Integrated Care System (ICS).



4.0 Objectives of the Policy

- 4.1** In developing this policy, the ICB recognise that safeguarding children and young people at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and evidenced by:
- Clear lines of accountability within the organisation for work on safeguarding.
 - All employees' job descriptions will include the fact that safeguarding is everyone's responsibility.
 - Staff training and continuing professional development so that staff are competent to undertake their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and adults at risk.
 - Safe working practices including recruitment, vetting and barring procedures and supervision for Named and Designated Professionals and clinical staff.
 - Effective interagency working, including effective information sharing.
 - Designated Professionals and Named GP's, as clinical experts and strategic leaders, are a source of advice to the ICB.

5.0 Definition of harm or significant risk of harm

- 5.1** Legislation describes the definition of harm and significant risk for children, young people and adults at risk.
- 5.2** Somebody may abuse or neglect a child by inflicting harm, or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, by a stranger.
- 5.3** Appendix 5 sets out the definitions of harm and risk of significant harm for children at risk and those who are vulnerable.

6.0 Information Sharing

- 6.1** It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently. Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can improve decision-making so that actions taken are in the best interests of the child. The General Data Protection Regulation (2016) (GDPR) and Data Protection Act 2018 place duties on organisations and individuals to process personal information fairly and lawfully; they are not a barrier to sharing information, where the failure to do so would cause the safety or well-being of a child to be compromised. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns (HM Government 2018).
- 6.2** The General Data Protection Regulation (GDPR) and Data Protection Act 2018 - The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.
To effectively share information:



- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal
- where practitioners need to share special category personal data, they should be aware that **the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent**
- information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

6.3 The information sharing guidance outlines seven golden rules:

- The Data Protection Act (1998) and GDPR (2016) are not barriers to sharing information.
- Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in doubt, without disclosing the identity of the person where possible
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being of the person and others who may be affected by their actions.
- The sharing of information should be necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of your decision and the reason for it. Record what you have shared, with whom and for what purpose.

6.4 Record keeping need to be contemporaneous.

7.0 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children are outlined in '*Working Together to Safeguard Children*' 2023. All staff and managers should be aware of those responsibilities.

7.1 The ICB Chief Executive Officer has the responsibility for ensuring the contribution by health services to safeguarding and promoting the welfare of children and that this is



discharged effectively across the whole health economy. Within the ICB this role is supported by the Chief Nursing and Therapies Officer, who holds delegated responsibility.

7.2 The ICB have a duty under Section 11 of the Children Act (2004) to ensure that:

(a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and

(b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need. (HM Government, 2004)

It is the responsibility of the ICB to ensure that both a Senior Doctor and Nurse are contracted to fulfil the functions of Designated Professionals in accordance with *Working Together to Safeguard Children (2023)*.

7.3 In order to support the functions of independent practitioners in delivering safeguarding services, the ICB will ensure services to provide support, advice and guidance through the Named GP(s) Safeguarding Children role are delivered (See appendix 4).

7.4 The ICB as part of the Integrated Care System (ICS) have a responsibility to ensure that all organisations with whom they have a contract (including independent contractors) are carrying out their roles and responsibilities through contracting quality arrangements. This is achieved by negotiating the contract, ensuring the quality schedule and exception reports reflect information that the ICB require to monitor the provider against their responsibilities. This information is triangulated with the outcomes of the quality visits and any areas of improvement are escalated using the contractual mechanisms and then reported into the ICB internal governance systems, showing action taken and outcomes.

7.5 The ICB is further required to ensure that it clearly identifies the standards expected from its staff members with regard to ensuring the safety and welfare of children is promoted.

Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with the SSCB/SSCP Procedures and national guidance (*What to do if you are worried a child is being abused 2015*). Appendix 2 identifies the specific actions required by individual staff members who have a concern about a child's safety and welfare.

7.6 Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- Access safeguarding children training in accordance with national and local guidance and competency frameworks.
- Act in accordance with the Staffordshire Safeguarding Children Board and Stoke-on-Trent Safeguarding Children Partnership procedures.



7.7 The ICB Quality and Safety Committee will meet monthly and will receive quarterly written and verbal reports in respect of key safeguarding activity to ensure that the organisation and its contracted services are compliant with their statutory duties, and to review any areas of concern.

8.0 Safeguarding Accountability and Responsibilities

8.1 The Chief Nursing and Therapies Officer for the ICB has overall responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy. Within the ICB this role is led by the Director of Nursing – Maternity and Safeguarding and supported through the Associate Director of Safeguarding and the Designated Nurses for Safeguarding Children.

9.0 Safe Recruitment and Personnel Processes

9.1 The ICB have a duty to ensure that safe recruitment processes are complied with and will act in accordance with the NHS employer's regulations, the local HR recruitment policies and the Disclosure and Barring Service (DBS), this includes ensuring that safe recruitment and selection procedures are adopted which deter, reject or identify people who might abuse children.

9.2 The ICB must ensure any service level agreement or contract contains a safeguarding statement which clarifies the standards expected. This must include a requirement that the ICB must not sub-contract to any personnel who have not been part of a safe recruitment process.

9.3 Rigorous scrutiny is key to safe recruitment and all information during the recruitment process must be rigorously checked at all stages of the process and that the ICB's commitment to safeguarding children is clear throughout, including a statement to this effect as part of the information given to applicants.

10.0 Child Safeguarding Practice Reviews (previously known as Serious Case Review)

10.1 The ICB have a statutory duty to work in partnership with the Staffordshire Safeguarding Children Board, Stoke-on-Trent Safeguarding Children Partnership and/or any other Safeguarding Children Board, in conducting Child Safeguarding Practice Reviews in accordance with Chapter 5 – *Working Together to Safeguard Children (2023)*.

10.2 The Designated Safeguarding Professionals will inform the ICB and NHS England when a Child Safeguarding Practice Review is commissioned.

10.3 Where relevant, the ICB will support the rapid review response and / or the Independent Management Review (IMR) health overview reports or other reviews of services, for example the Social Care Institute for Excellence (SCIE), by any services that are commissioned by the ICB or services delivered through independent contractors for the ICB.

10.4 All reports commissioned across Primary Care will be submitted to the Designated



Professionals. It is expected that each provider organisation will have a robust sign off process by their own board level lead and that reports received will have been subject to this scrutiny process.

- 10.5 The ICB will ensure that Designated and Named GP professionals are given sufficient time and the necessary support to complete Individual Management Reviews, chronologies and health overview reports when required.
- 10.6 The ICB must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB or equivalent partnership during the scoping and terms of reference process.
- 10.7 The ICB Quality and Safety Committee and associated LSCB CSPR sub group will monitor the progress of identified recommendations and supporting action plans for issues relating to the ICB.

11.0 Referrals to Children's Social Care

- 11.1 In all cases where there is knowledge or suspicion that a child or children are suffering from or at risk of suffering significant harm, then an immediate referral should be made to: **Staffordshire Children's Advice and Support Service (SCAS) or the Stoke-on-Trent Children's Advice and Duty Service (CHAD).**

The contact details are:

- Staffordshire County Council - SCAS (Staffordshire Children's Advice and Support) 01782 235100
 - (Monday-Thursday 8.30am - 5pm and Friday 8.30am – 4.30pm)
 - Emergency Duty Service: (out of hours service): 0345 604 2886
 - Email: eds.team.manger@staffordshire.gov.uk

 - Stoke-on-Trent City Council – CHAD (Children's Advice and Duty Service) 01782 235100
 - (Monday-Friday 8.30am – 6pm)
 - Emergency Duty Service (Out of Hours Service): 01782 234234
 - Staffordshire and Stoke-on-Trent Police: 101 and ask for MASH. Outside of MASH hours, report to the Area Communications Room.
- *In an emergency always call 999***

It is important that as much information as possible is shared by the referrer.

Information to include:

- Family name(s).
- Address(es).
- Date of birth.
- Details of family members / significant others – consider siblings / partners.



- Basis of concerns – is this significant harm or likely significant harm?
- Other relevant information (historical and current).
- Are family individuals aware of the referral?
- Does the referral increase the potential risks of harm to the child or to others?
- How may the victim(s) be best contacted without compromising safety?
- Has consent been obtained and if not why not?

11.2 All referrers should receive written acknowledgment of their referral including where relevant detail about intended actions and reference details to assist subsequent actions and communication. It is the referrer's responsibility to follow up all referrals made.

11.3 The referrer must ensure that they maintain appropriate and relevant records in accordance with their individual agency's policies and procedures.

12.0 Training

12.1 The ICB are committed to have arrangements in place to ensure effective training of all staff. The level of training will be determined by the responsibilities set out in job descriptions/role functions and can be described as levels 1, 2, 3, 4 and 5. All healthcare staff employed by the ICB should be compliant with level 1 training as a minimum requirement. Designated professionals are required to be trained at level 5.

12.2 Support, supervision and mentorship will be provided for safeguarding leads within the ICB as appropriate and identified through personal development needs. Safeguarding leads will agree the level of safeguarding training required for each employee depending on their role and responsibilities.
Further guidance regarding levels of safeguarding training for professionals can be accessed via the *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: Intercollegiate Document (2019)*. (Refer to the ICB Safeguarding Training Policy).

12.3 Health Education England (HEE) working in conjunction with its Local Education and Training Boards (LETBs) has responsibility for all professional education and training. HEE provides strategic leadership and workforce intelligence in support of the ICB's delivery of the mandate.

13.0 Safeguarding Children Supervision

13.1 Section 11 of the Children Act 2004 stipulates that employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.



The specific objectives of safeguarding supervision are:

- To enable and empower practitioners to develop knowledge and competence.
- To provide a safe and structured environment for practitioners to reflect on, plan, review and account for their safeguarding children work.
- To ensure that local and national policies and procedures are adhered to.
- To provide support and recognition of the stress and uncertainties which safeguarding work may cause.

All staff dealing with safeguarding children issues must access safeguarding supervision and adequate protected time should be allocated for this purpose. Staff who provide safeguarding supervision should attend safeguarding supervision training as well as having experience and relevant training in safeguarding issues. All Named and Designated Professionals are required to receive safeguarding supervision. Please refer to the ICB *Safeguarding Children Supervision Policy*.

14.0 Review and Maintenance of Policy

- 14.1** This policy will be subject to a routine bi-annual review and will also be subject to alteration if required through the creation of additional national policy, legislation or guidance and / or local guidance.

If revised, all stakeholders will be alerted to the new version. The review will be conducted by the Safeguarding Children Team.

- 14.2** The quality of the Equality Impact Assessments will be assessed by the Equality and Human Rights Advisors.

15.0 References and Bibliography

- *Information Sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers* (HM Government 2018).
- *Managing Safeguarding Allegations Against Staff*. Staffordshire and Stoke-On-Trent ICB (2024)
- *Safeguarding Children and Young People, Roles and Competencies for Health Care Staff: Intercollegiate Document*. RCPCH (2019)
- *Safeguarding Training Policy*. Staffordshire and Stoke-On-Trent ICB (2024).
- *Safeguarding Children Supervision Policy*. Staffordshire and Stoke-On-Trent ICB (2024).
- *Statutory Guidance under S.11 of the Children Act*. TSO London, HM Government (2007).
- *The Children Act*. HM Government (1989)
- *The Children Act*. HM Government (2004)
- *What to do if you are worried a child is being abused*. HM Government (2015)
- *Working Together to Safeguard Children*. HM Government (2023)



Appendix 1- Legislative Framework

- 1.0 Statutory Guidance on making arrangements to Safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007) states the responsibilities of NHS organisations as:
- 1.1 *“The Health and Social Care (Community Health and Standards Act) 2003 places a duty on each NHS body ‘to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body’ and gives the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty”*
- 1.2 The ICB is also required to ensure that all health providers from which it commissions services (both public and independent sector) and works in partnership with, have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and young people from abuse or risk of abuse; that health providers are linked into the Local Safeguarding Children Boards, or equivalent and that health workers contribute to multi-agency working.

Working Together to Safeguard Children: A guide to inter-agency working to Safeguard and promote the welfare of children. HM Government (2023).

This guidance covers:

- The legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and
 - A clear framework for safeguarding partners to monitor the effectiveness of local services. It is issued under:
 - Section 11(4) of the Children Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State; and
 - Section 16 of the Children Act 2004 which states that local authorities and each of the statutory partners must, in exercising their functions, have regard to any guidance given to them by the Secretary of State.
 - The guidance sets out key roles for individual organisations and safeguarding professionals and key elements of effective local arrangements for safeguarding. It is very important these arrangements are strongly led and promoted at local level.
- 2.0 PREVENT Strategy (HM Government 2011) sets out the government’s commitment to understand factors which encourage people to support terrorism and then to engage in terrorism-related activity. Evidence suggests that radicalisation is driven by an ideology which sanctions the use of violence; by propagandists for that ideology here and overseas; and by personal vulnerabilities and specific local factors which, for a range of reasons, make that ideology seem both attractive and compelling. Prevent is part of the country’s counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or



supporting terrorism.

- 2.1 The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST (violent extremism).
- 2.2 As part of CONTEST, the aim of PREVENT is to stop people from becoming terrorists or supporting terrorism. The health sector has a non-enforcement approach to prevent and focuses on support for vulnerable individuals and health care organisations. The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

Appendix 2 - What to do if you are worried about a child (2015)

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.

It may not always be appropriate to go through all four stages sequentially. If a child is in immediate danger or is at risk of harm, you should refer to children's social care and/or the police. Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

Referring to children's social care

If, at any time, you believe that a child may be a child in need, or that a child is being harmed or is likely to be, you should refer immediately to local authority children's social care. This referral can be made by any practitioner. If you see further signs of potential abuse and neglect, report and refer again.



Appendix 3 – Safeguarding Children Team Contact Details

ICB Safeguarding Children Team secure email address:
safeguardingchildren@staffsstoke.icb.nhs.uk

Appendix 4 – Summary of Key Safeguarding Roles and Responsibilities

Organisation/Role	Key safeguarding functions
ALL ICBs	<p>Have a duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.</p> <p>Work with Local Authority(ies) to commission and provide integrated services for children, young people and families. Ensure that commissioning arrangements effectively incorporate safety and welfare issues across the health economy.</p> <p>ICBs should employ, or have in place, a contractual agreement to secure the expertise of designated practitioners, such as dedicated Designated Doctors and Nurses for Safeguarding Children, and dedicated Designated Doctors and Nurses for Looked after Children (and Designated Doctor or paediatrician for Unexpected Deaths in Childhood).</p>
Provider Organisations	<p>Co-operate with arrangements to safeguard children, share the responsibility for effective safeguarding arrangements. NHS commissioners and providers should ensure that Designated Professionals are given sufficient time to be fully engaged, involved, and included in the new safeguarding arrangements</p> <p>Ensure that they identify appropriate staff to undertake the functions of Named Professionals for Safeguarding Children.</p>



<p>Designated Professionals</p>	<p>Provide:</p> <ul style="list-style-type: none"> ○ Strategic professional lead on all aspects of health service contribution to safeguarding children across the ICB areas. ○ A vital source of safeguarding advice, expertise and support to named professionals across the health economy. ○ Professional, expert safeguarding advice to the ICBs to ensure the organisation discharges its responsibilities effectively and appropriately including NHSE and the Local Authority. ○ Co-ordination of the health elements of Child Safeguarding Practice Review process.
<p>Named Professionals</p>	<p>Will focus upon safeguarding arrangements within their own organisation by:</p> <ul style="list-style-type: none"> ○ Providing support and advice to staff in the day-to-day management of safeguarding practice. ○ Promoting good professional practice in safeguarding work ○ Providing expert safeguarding advice to support their own organisations governance arrangements for safeguarding children. ○ Developing the safeguarding children training programme and ensuring its delivery meets the required standards. ○ Working closely with their organisation’s or agency’s safeguarding lead on the executive board, Designated Safeguarding Professionals for the health economy and other statutory safeguarding partners.



Appendix 5 – Definition of Abuse/Definition of harm or significant risk of harm

The legislation previously listed within this policy sets out the definition of harm and significant risk for children, young people at risk of harm or abuse.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Examples of this may be Female Genital Mutilation (FGM), Domestic Abuse, Forced Marriage and Honour Based Violence and non-accidental injuries such as infant head trauma.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. Examples of this may be Domestic Abuse, control and coercion. Children who are involved with Domestic Abuse are deemed victims according to the Domestic Abuse Act 2021. Forced Marriage and Honour Based Violence are also categories of emotional abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways. It is estimated that around a third of child sexual abuse is by other children and young people (NSPCC, 2022).

Harmful Sexual Behaviour (HSB) is when children and young people typically display a range of sexualised behaviours as they grow up. However, some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards. There is some cross-over between online and offline HSB and between child sexual exploitation and HSB. Harmful sexual behaviour is most commonly identified in adolescent boys, but girls and younger children can also exhibit HSB. A significant proportion of children who display HSB also have a learning disability. The majority of children who display HSB have



themselves experienced trauma, including abuse or neglect. The majority of children and young people displaying HSB do not become sexual offenders as adults. Young people who display HSB often experience other emotional, behavioural and peer related difficulties.

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

Contextual Safeguarding Concerns

Online Abuse – There are lots of benefits for children and young people when using social media including staying in touch with family and friends and enabling innovative ways of learning and creative new ways to express themselves. There are also risks as children may be exposed to upsetting or inappropriate content online, particularly if the platform being used has weak privacy and security settings. This content may be sexually explicit or harmful in other ways such as radicalisation or bullying. Children may be at risk of being groomed and their posts or profile information may expose personal information heightening the risk. Perpetrators may use this information to groom, abuse or exploit children through using fake profiles and potentially posing as another child. They may also create anonymous accounts and engage cyberbullying or trolling (children are perpetrators as well as adults). On many platforms, children can be contacted anywhere and at any time through private messaging or notification alerts. This means it's harder for them to escape from abusive messages or upsetting content that they are tagged in.

County Lines – Child Exploitation – This may involve child trafficking which is a form of modern slavery (HM Government, 2014). Children are trafficked for child sexual exploitation, criminal activity, forced marriage, domestic servitude, forced labour, illegal adoption and unreported private fostering arrangements for exploitative purpose. County Lines is criminal exploitation when criminals befriend children, either online or offline and then manipulate them into drug dealing. The 'lines' refer to mobile phones that are used to control a young person who is delivering drugs, often to towns outside their home county.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



Vulnerable Groups:

- Children with disabilities.
- Children living away from home including those looked after.
- Asylum seekers and those children who are unaccompanied.
- LGBTQ+ young people are more at risk of grooming and CSE (NSPCC, 2022).
- Children and young people in hospital.
- Children in contact with the youth justice system.
- Children who have a parent in prison.
- Victims and children experiencing domestic abuse.
- Victims and children experiencing Female Genital Mutilation.
- Victims of Forced Marriage and those vulnerable due to religion, ethnicity etc.
- Children who may be exposed to violent extremism and therefore victim of radicalisation.
- Children who are trafficked and moved for the purpose of exploitation. This is also referred to as Modern Day Slavery. During the process of trafficking, children suffer from neglect, emotional abuse and physical and sexual abuse.
- Children at risk of criminal exploitation due to gangs and county lines.
- Children and young people experiencing gender dysphoria and transitioning.



Appendix 6 - Glossary of Terms

Care Leaver		The Children (Leaving Care) Act, 2000 states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday.
Children		Anyone who has not yet reached their 18 th birthday. The fact that a child has reached 16yrs of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his or her entitlements to services or protection.
Corporate Parenting		This refers to the collective responsibility of the local authority to provide the best possible care and protection for looked after children and to act in the same way as a birth parent would.
CQC	Care Quality Commission	CQC make sure hospitals, care homes, dental and GP surgeries and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage them to make improvements.
CSPR	Child Safeguarding Practice Review (previously referred to as Serious Case Review).	Locally, safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area. Serious child safeguarding cases are those in which: <ul style="list-style-type: none"> • abuse or neglect of a child is known or suspected and • the child has died or been seriously harmed.
Designated Doctor/Nurse		This denotes professionals with specific roles and responsibilities for safeguarding and looked after children, including the expert provision of strategic advice and guidance to service planners and commissioning organisations.

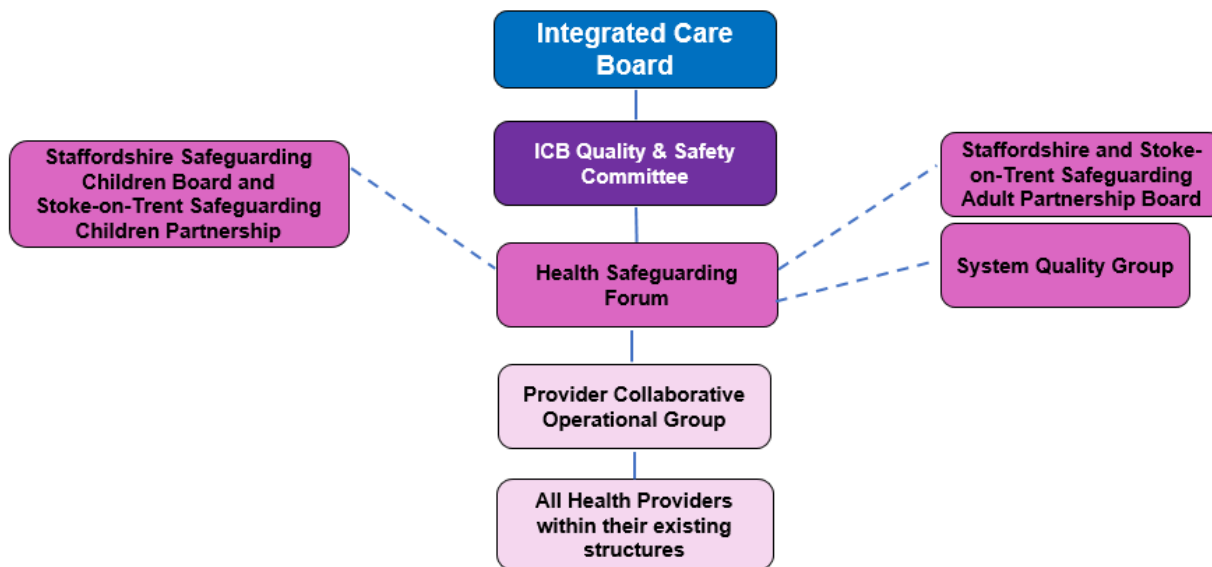


FGM	Female Genital Mutilation	Female genital mutilation is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or non-therapeutic reasons.
LAC	Looked After Children	This term applies to children currently being looked after and /or accommodated by local authorities/Health and Social Care, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption.
LADO	Local Authority Designated Officer	The LADO is involved in the management and oversight of individual cases for dealing with allegations against people who work with children. The LADO provides advice and guidance to employers and voluntary organisations, liaising with police and other agencies and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent and fair process.
PR	Parental Responsibility	Parental responsibility is the term used to describe the legal duty that a parent has to their child.
SSCB / SSCP	Staffordshire Safeguarding Children Board / Stoke-on-Trent Safeguarding Children Partnership	Local Safeguarding Children Boards are "the key statutory mechanism for agreeing how the relevant organisations will cooperate to safeguard and promote the welfare of children and ensuring the effectiveness of what they do."



Appendix 7 - Accountability Structure for Safeguarding within the ICB

ICB Safeguarding Governance Structure – Children and Adults | August 2023



NHS Staffordshire & Stoke-on-Trent | ICB Safeguarding Governance | August 2023